UNIVERSITY OF KENTUCKY
APPLICATION FOR NEW COURSE

1. Submitted by College of Medicine __________________________ Date September 25, 2001
   Department/Division offering course School of Public Health __________________________

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number SPH 748
   b. Title* Special Topics in Behavioral Health: (Title)
      *NOTE: If the title is longer than 24 characters (including spaces), write
      A sensible title (not exceeding 24 characters) for use on transcripts Spec Topic in Behav Hlth
   c. Lecture/Discussion hours per week 1-3
   d. Laboratory hours per week 0
   e. Studio hours per week 0
   f. Credits 1-3
   g. Course description
      This course will engage students in readings, projects, lectures and/or discussions to address current topics of special
      interest or concerns.
   h. Prerequisites (if any)
      Enrollment in a Public Health degree program or consent of the instructor.
   i. May be repeated to a maximum of 6 semester hours (if applicable)

4. To be cross-listed as
   Prefix and Number __________________________ Signature, Chairman, cross-listing department

5. Effective Date Fall 2003 (semester and year)

6. Course to be offered ☑ Fall ☑ Spring ☐ Summer

7. Will the course be offered each year? ☑ Yes ☐ No
   (Explain if not annually)

8. Why is this course needed?
   To enhance the skills of Public Health students with research or special study interest.

9. a. By whom will the course be taught? Faculty in the course area.
   b. Are facilities for teaching the course now available?
      If not, what plans have been made for providing them? ☑ Yes ☐ No
10. What enrollment may be reasonably anticipated?  15-25

11. Will this course serve students in the Department primarily?
   ☒ Yes  ☐ No

   Will it be of service to a significant number of students outside the Department?
   ☐ Yes  ☒ No

   If so, explain.

12. Will the course serve as a University Studies Program course?
    ☐ Yes  ☒ No

   If yes, under what Area?

13. Check the category most applicable to this course
    ☒ traditional; offered in corresponding departments elsewhere;

   ☐ relatively new, now being widely established

   ☐ not yet to be found in many (or any) other universities

14. Is this course part of a proposed new program:
    ☐ Yes  ☒ No

   If yes, which?

15. Will adding this course change the degree requirements in one or more programs?*
    ☐ Yes  ☒ No

   If yes, explain the change(s) below

16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

17. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

18. Within the Department, who should be contacted for further information about the proposed course?
    Name  Joel Lee, Dr.P.H.  ________________________________  Phone Extension  323-5059 x285

*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.
UNIVERSITY OF KENTUCKY
APPLICATION FOR NEW COURSE

Signatures of Approval:

_________________________________________  __________________________
Department Chair  

_________________________________________  __________________________
Dean of the College  

_________________________________________  __________________________
*Undergraduate Council  

_________________________________________  __________________________
*University Studies  

_________________________________________  __________________________
*Graduate Council  

_________________________________________  __________________________
*Academic Council for the Medical Center  

_________________________________________  __________________________
*Senate Council (Chair)  

*If applicable, as provided by the Rules of the University Senate

_________________________________________
Date of Notice to the Faculty  

_________________________________________
Date of Notice to the Faculty  

_________________________________________
Date  

_________________________________________
Date  

_________________________________________
Date  

_________________________________________
Date  

_________________________________________
Date of Notice to University Senate  

_________________________________________
ACTION OTHER THAN APPROVAL

Rev 11/98
SPH 748
Special Topics in Behavioral Health
(Subtitle required). (1-3)

Course description:
Special Topics in Health Services Management will engage students in readings, projects, lectures and/or discussions to address current topics of special interest or concern. Presentation of focused or specialized topics that are not available in standard courses. Lecture, three hours; laboratory 0-2 hours per week. May be repeated to a maximum of six semester hours under different subtitles.

Prerequisite:
Enrollment in the School of Public Health, or consent of instructor.

Course Credit:
The course is offered for variable credit of 1 to 3 semester hours and may be repeated to a maximum of six semester hours.

Course work:
Topics will be selected in consultation with the designated faculty instructor, and a standardized form will be completed defining the study topic, learning objectives, assignments, and criteria for grading.

Course Grading:
Course grading will be based upon the criteria stated in the University Bulletin.